

HOW TO USE YOUR COVERAGE / FILE A CLAIM

Medical Claims

1. Check to see if the provider you are seeing is in the First Health network. If you do not have a provider selected, you may access a list of doctors or facilities based on your location and the specialty you require. Provider information for First Health can be accessed at www.myfirsthealth.com or by calling 1-888-685-7774. Although advantageous, you are not required to use a network provider.
2. When you call to make an appointment, the provider's office will likely ask you what insurance you have. Please tell them this:

Preferred Provider Networks: First Health – *(If the provider is contracted with First Health, they will bill the claim on your behalf.)*

Claims Processor/Customer Service: Summit America Insurance Services

Underwritten by: Mutual of Omaha *(This information will be helpful if the provider is non-network or says "we don't take that insurance")*

3. Bring your ID card to the provider's office/facility. If you have lost your ID card or have not received one, take the following information with you to the appointment:

Preferred Provider Networks: First Health

Policy #: B22MP-P-52416

Group #: 11330002

Claims Processor/Administrator: Summit America Insurance Services

Member ID #: Your Social Security Number

4. The provider's office will probably want to verify your eligibility and benefits. They can do this by contacting the claims/customer service administrator, Summit America, between the hours of 8:30 am - 5:00 pm Central time, Monday through Friday. The contact information is:

Toll Free: 1-877-246-6997

Email: claims@summitamerica-ins.com

Fax: 913-327-7520

Website: www.summitamerica-ins.com

5. If the provider is in the First Health network, they will bill insurance on your behalf. If they are not in the network, they are not required to bill Summit America but they may choose to do so anyway. If the provider bills you directly, ask for an itemized/standardized claim form ("HCFA 1500" from physicians, "UB-04" from hospitals) and you may submit the claim for reimbursement. All claims go to Summit America at:

Summit America Insurance Services
7400 College Blvd., Suite 100
Overland Park, KS 66210

Prescription Drug Claims

1. Washington residents may receive a prescription drug discount card that can be used at most pharmacy chains. Learn more and apply at www.rx.wa.gov or by calling 1-800-913-4146.
2. Fill your prescription at the pharmacy. There is no preferred network of pharmacies so you can go to any pharmacy you choose. Using your Pharmacy Discount Card may provide savings.
3. Pay upfront. Prescriptions are covered under the plan on a reimbursement basis, subject to the deductible, coinsurance, out-of-pocket maximum and per cause maximum.
4. Submit a completed Prescription Drug Claim Form and pharmacy receipts to Summit America (same claims address listed above) for processing and any applicable reimbursement. Please note: it must be the actual pharmacy receipt (with Rx information) rather than the cash register receipt.

HOW TO USE YOUR COVERAGE / PROVIDER NETWORK

Freedom to Choose the Provider you Want

Choose any licensed provider with no need to coordinate through a primary care physician or obtain referrals for specialists.

What providers are considered 'Preferred'?

Providers contracted with the First Health network.

Advantages for Using a 'Preferred' or 'Network' Provider

- Preferred provider fees are discounted
- Preferred providers are obligated to bill insurance on behalf of the covered member

Using Non-Network Providers

If you choose to use a non-network provider or a network provider is not available, you will not receive the advantages of negotiated network discounts and the provider may decide to bill you upfront. However, services performed by non-network providers are still subject to the same benefit levels (e.g., deductible) as those rendered by preferred physicians and hospitals:

- The same deductible (\$100), benefit percentage (generally 80% picked up by the plan) and out-of-pocket maximum (\$600) apply to services of both preferred and non-network providers.
- Eligible charges are paid up to the 90th percentile of the Usual, Customary and Reasonable (UCR) amount. Charges above the 90th percentile of UCR can be 'balance billed' back to the patient.

How do the discounts work?

Preferred providers have contractually agreed to accept discounted fees as payment in full for eligible services they provide. Any charges exceeding the contractual 'allowed amount' are written off by the provider and cannot be billed back to the patient. An example of the effect of discounts on a member's out-of-pocket share is below:

<i>Doctor is Preferred</i>		<i>Doctor is not Preferred</i>	
Doctor's Charge*	\$500	Doctor's Charge*	\$500
Network Discount	<u>-\$100</u>	Network Discount	<u>n/a</u>
Net Doctor's Charge	\$400	Net Doctor's Charge	\$500
Health Plan Pays 80%	\$320	Health Plan Pays 80%	\$400
You pay 20%	\$80	You pay 20%	\$100

*Illustration assumes deductible is met; out of network charges are only considered up to the 90th percentile of UCR

To Find a Provider or Check Provider Status

1. Go to www.myfirsthealth.com.
2. Click on the type of provider (e.g., doctor, hospital, etc.) for which you are searching.
3. If "Select a Product" drop box is required, choose "First Health Network".
4. Enter search parameters. You can search by provider type/specialty, city or zip code within a specified distance.
5. If you would like a full provider directory, click on the "Create Directory" link. You can download the results or have them emailed or faxed to you.

You can also contact First Health toll free at – 1-888-685-7774